

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 21, 1990

ALL-COUNTY LETTER NO. 90-41

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF ELECTIVE STATE DISABILITY INSURANCE COVERAGE FOR CERTAIN IHSS FAMILY PROVIDERS WITHIN THE CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS)

This letter is to inform you that effective June 1, 1990 the In-Home Supportive Services (IHSS) program will be making State Disability Insurance (SDI) available to spouse and other family member providers. Eligible family member providers, in addition to spouses, are defined in the California Code of Regulations, Title 22, Section 631-1 as follows:

- A. "Father" and "Mother" include adoptive parents but do not include stepparent, foster parent, father-in-law or mother-in-law.
- B. "Son" and "Daughter" include adopted child but do not include stepchild, foster child, son-in-law or daughter-in-law.
- C. "Child under the age of 18" includes adopted child under the age of 18 but does not include stepchild or foster child under the age of 18.
- D. With respect to the exempt status of a child under the age of 18 it is immaterial whether or not the child is living with his or her parents or is married or is independently self-supporting.

A recipient's spouse provider is also eligible for elective SDI.

Previously, only non-family providers whose employer had a payroll of \$750 or more for any quarter during the current or preceding calendar year were covered by SDI.

The responsibilities for implementing elective SDI are outlined as follows:

IHSS Recipients/Providers

The IHSS recipient and provider will complete the IHSS/CMIPS Elective SDI Form SOC 409 and submit it to the County for review and processing.

County

The County is to provide the necessary forms (Disability Insurance - EDD Form DE 2515 and the IHSS/CMIPS Elective SDI Form SOC 409) to IHSS recipients so their eligible providers can enroll for coverage. The

County will screen the completed forms for accuracy, enter the tax status data in CMIPS and file the SOC 409 form in the recipient's case folder.

State Department of Social Services (SDSS)

The CMIPS will deduct the necessary elective SDI tax from the providers' warrants and report the quarterly elective SDI wages and taxes to EDD.

State Employment Development Department (EDD)

EDD is responsible for the overall administration of the elective SDI program. All SDI claims and questions regarding SDI coverage or benefits must be directed to EDD.

The following attachments are included with this letter:

- o County Procedures for elective SDI enrollment.
- o IHSS/CMIPS Elective SDI Form SOC 409.
- o Disability Insurance - EDD Form DE 2515.

The above attachments will be incorporated into the IHSS/CMIPS USER'S MANUAL and will be distributed in the next IHSS/CMIPS Newsletter.

Implementation of elective SDI will be done as follows:

Current Providers

Electronic Data Systems (EDS), the state contractor for data processing services, has identified current IHSS providers who are eligible for elective SDI. The DSS will notify by mail the current providers who are eligible for elective SDI and provide them with the following forms: Disability Insurance - EDD Form DE 2515 and IHSS/CMIPS Elective SDI Form SOC 409.

Future Providers

County social service workers will be responsible for making recipients and their eligible family member providers aware of elective SDI coverage. This can be accomplished by distributing a copy of the Disability Insurance - EDD Form DE 2515 to the recipient. If they are interested in participating in elective SDI then the County social service worker should provide them with the IHSS/CMIPS Elective SDI Form SOC 409.

County Processing of Elective SDI

The recipient and his/her family member provider will complete and sign the IHSS/CMIPS Elective SDI Form SOC 409 and return it to their County Welfare

Department's IHSS Unit. County staff will review the enrollment form for completeness and signatures. The County will complete a Provider Eligibility Update SOC 311 by entering data into the following fields: in Field D2 Ded./Exempt circle the recipient relationship; in Field D5 enter a birthdate if the provider is a child of the recipient; in Field F8 enter a "Y" to initiate elective SDI. This data can then be entered into the CMIPS via the PELG Screen.

The County must retain the IHSS/CMIPS Elective SDI Form SOC 409 for auditing purposes.

Questions and Answers

The following questions and answers will assist you in better understanding the elective SDI process:

1. **Who is responsible for answering any questions the recipient or provider may have?**

If his/her question is about SDI coverage, claims or benefits the Employment Development Department should be contacted. If the question is about how to complete the IHSS/CMIPS Elective SDI Form SOC 409 then the County Social Service Worker should be contacted.

2. **With whom should the provider file a claim for SDI benefits?**

All claims are the responsibility of the EDD.

3. **After the recipient and his/her family member provider have completed the IHSS/CMIPS Elective SDI Form SOC 409, what is the next step?**

The recipient returns the enrollment form to his/her County Welfare Department's IHSS unit to review the form for completeness and signatures. The County will enter the necessary data onto the CMIPS SOC 311 and PELG Screen.

4. **Does the EDD Form DE 2515 have to be distributed to all recipients and their providers?**

Yes, California Unemployment Insurance Code, Section 2613 requires that all employees be made aware of SDI.

5. **After the County enters the provider's elective SDI information into CMIPS when will the provider's warrant show deductions for elective SDI?**

Any provider warrants dated after the provider's elective SDI information has been entered into CMIPS will show a deduction for elective SDI. For example: If the provider's information is entered into CMIPS on June 10, 1990 any warrants for the provider dated after that day, regardless of the service period the warrant covered, will have elective SDI deductions.

6. After the County has entered the provider information into the CMIPS what happens to the IHSS/CMIPS Elective SDI Form SOC 409?

The form should become a permanent part of the recipient's case folder documentation. Since the elective SDI is employer specific, it is felt that records should be maintained in the recipient's folder or some other permanent file that is accessible to auditors.

7. Will deductions be made from Advance Pay warrants?

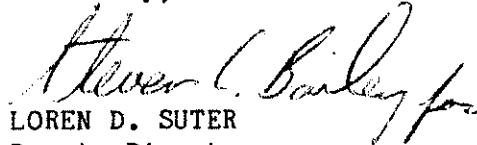
Yes, family providers who are employed by "Advance Pay" recipients can participate in the elective SDI program.

8. Can a child provider continue with SDI coverage after reaching age 18?

When a child provider turns 18 he/she will continue with SDI coverage if his/her parent employer had a payroll of \$750 or more for any quarter during the current or preceding calendar year. If the \$750 threshold is not met then the child provider is not in covered employment and the provider's wages are not subject to SDI deductions.

If you have any questions regarding elective SDI within CMIPS, please call Barry Bureau at (916) 323-9283.

Sincerely,



LOREN D. SUTER
Deputy Director
Adult and Family Services

Enclosures

cc: CWDA

PROCEDURES FOR ELECTIVE STATE DISABILITY INSURANCE

The procedures for Elective State Disability Insurance (SDI) within the In-Home Supportive Services (IHSS) Case Management, Information and Payrolling System (CMIPS) are effective June 1, 1990.

I. GENERAL INFORMATION

All current providers, who are eligible for elective SDI, will be mailed a notice informing them of the opportunity to enroll in elective SDI. Along with this announcement letter these providers will be sent a Disability Insurance - Employment Development Department (EDD) Form DE 2515 and a IHSS/CMIPS Elective SDI Form SOC 409. If they wish to apply for elective SDI they are instructed to complete, sign and return the elective SDI enrollment form to their County Welfare Department's IHSS unit. Future family member providers should be provided with the Form SOC 409, EDD Form DE 2515 and instructed to enroll as described above.

Electronic Data Systems (EDS) sends all SDI provider deductions to the EDD EDD on a quarterly basis.

There are two types of SDI coverage: Standard and Elective.

A. STANDARD SDI COVERAGE

Standard SDI has been available to eligible providers since the inception of the CMIPS. Standard SDI coverage requires that the provider's recipient/employer have a total payroll of \$750 or more for any quarter during the preceding or current calendar years. If this \$750 wage threshold has not been met then the provider(s) would not be eligible for SDI coverage. Once the \$750 threshold has been met, the providers under the standard SDI coverage are to be reported for the remainder of the current year and all of the next year, even if the wages total less than \$750 each quarter. Family members, except a recipient's child over age 18, were excluded from coverage regardless of the amount of the recipient's payroll.

B. ELECTIVE SDI COVERAGE

Elective SDI within CMIPS will become available to eligible family member providers effective June 1, 1990. Eligible persons for elective SDI coverage are family member providers as defined in paragraph III. A below. Elective SDI coverage does not require the providers to meet any quarterly wage minimum.

II. RESPONSIBILITIES FOR IMPLEMENTING ELECTIVE SDI

- A. The recipient and his/her family member providers will complete the IHSS/CMIPS Elective SDI Form SOC 409 and submit it to the County for review and processing.
- B. The County will be responsible for providing the forms (Disability Insurance - EDD Form DE 2515 and the IHSS/CMIPS Elective SDI Form SOC 409) to new recipients and reviewing the completed elective SDI form. The County will complete a Provider Eligibility Update SOC 311 by entering data into the following fields: in Field D2 Ded./Exempt circle the recipient relationship; in Field D5 Birthdate enter the birthdate if the provider is a child of the recipient; in Field F8 SDI BEG DT enter a "Y" to initiate elective SDI. This data can then be entered into the CMIPS via the PELG Screen. The County must also retain the SOC 409 form in the recipient's case folder or some other permanent file that is accessible to auditors.
- C. Department of Social Services (DSS) is responsible for assuring CMIPS is programmed to deduct the necessary elective SDI tax from the provider's warrant and then every quarter reporting these SDI taxes to EDD.
- D. EDD is responsible for the administration of the SDI program. They will also answer any questions the recipient or provider might have regarding coverage, claims or benefits.

III. ELIGIBILITY FOR ELECTIVE SDI.

To be eligible for elective SDI coverage a recipient and his/her provider must meet the following criteria:

- A. The persons who will be covered under elective SDI are spouse and family member providers. Eligible family member providers, in addition to spouses, are defined in the California Code of Regulations, Title 22, Section 631-1 as follows:
 - 1. "Father" and "Mother" include adoptive parents but do not include stepparent, foster parent, father-in-law or mother-in-law.
 - 2. "Son" and "Daughter" include adopted child but do not include stepchild, foster child, son-in-law or daughter-in-law.

3. "Child under the age of 18" includes adopted child under the age of 18 but does not include stepchild or foster child under the age of 18. With respect to the exempt status of a child under the age of 18, it is immaterial whether or not the child is living with his or her parents or is married or is independently self-supporting.
- B. A provider's employment for IHSS must not be seasonal. If a provider answers "NO" to the question on the IHSS/CMIPS Elective SDI Enrollment Form SOC 409 "Is the employment intended to be continuing and not intermittent or seasonal in nature?" he/she is not eligible for elective SDI. A provider's services cannot be intermittent or seasonal. The provision of these services must be provided on a continuing basis.
 - C. A provider must be capable of giving normal and customary services. If a provider answers "NO" to the question on the IHSS/CMIPS Elective SDI Enrollment Form SOC 409 "Are you able to perform normal and customary provider services with IHSS?" he/she is not eligible for elective SDI.

Throughout this section the standard SDI eligibility criteria will be mentioned. The standard SDI eligibility is for providers who are not eligible for elective SDI and whose recipient/employers have a payroll of \$750 or more for any quarter during the preceding and current calendar year. All of a recipient/employer's wages paid to providers are used to determine the \$750 threshold.

There are no recipient/employer wages paid criteria for providers covered under elective SDI. For example, a recipient could have a payroll of \$100 per month, or \$300 for a quarter. In the standard SDI scheme, no provider would be eligible unless the \$750 total wage threshold for any quarter has been met during the current or preceding calendar years. However, under elective SDI - with no minimum dollar threshold - family member providers could become eligible if they apply.

The following examples are provided for the County to better understand elective SDI eligibility:

- A. A son/daughter provider who is over the age of 18 is eligible for standard SDI coverage if the recipient/employer meets the standard SDI eligibility criteria. He/she does not qualify for elective SDI.

B. When a son/daughter provider, who is covered under elective SDI, reaches age 18 he/she will automatically be converted to standard SDI coverage if the employer's payroll meets the standard SDI eligibility criteria. In this case the switch from elective to standard SDI would be effective on the provider's 18th birthdate and the actual switch in deductions would be effective with the first warrant issued after the birthdate. If the standard SDI payroll eligibility criteria is not met, then the provider would not be eligible for either the standard or elective SDI coverage.

IV. COMPLETING THE IHSS/CMIPS ELECTIVE SDI FORM SOC 409.

The County must provide all individual providers a copy of Disability Insurance - EDD Form DE 2515. Copies of the IHSS/CMIPS Elective SDI Form SOC 409 are included in the IHSS/CMIPS User's Manual Section X, Part G and can be photocopied and distributed to eligible providers as required.

The County should initially screen recipients to determine if they anticipate employing a family member provider. If the recipient is going to employ a family member, the County should give the recipient a copy of the IHSS/CMIPS Elective SDI Form SOC 409. The recipient and his/her family member provider can complete, sign and return this form to the County at a later date.

If the recipient is unable to complete and sign the IHSS/CMIPS Elective SDI Form SOC 409 then his/her legal guardian or conservator can sign. If the family member provider is also the recipient's legal guardian or conservator then he/she can sign as the recipient's guardian/conservator and as the provider.

The SOC 409 form should become a permanent part of the recipient's case folder documentation. Since the elective SDI is employer specific, records should be maintained in the recipient case folder or some other permanent file that is accessible to auditors.

V. COUNTY PROCESSING OF ELECTIVE SDI

After the recipient and his/her family member provider have completed, signed and returned the enrollment form to the County Welfare Department's IHSS unit, the County is responsible for reviewing the form for completeness and

signatures. If the form is not completed or signed properly, it must be returned to the recipient for completion. When a completed SOC 409 form is received the County shall then complete a Provider Eligibility Update form SOC 311. The only information on the IHSS/CMIPS Elective SDI Form SOC 409 that will be included on the SOC 311 is:

- A. Enter Field D2 - DED/EXEMPT. This field identifies the provider's tax status. If the provider is either the natural or adopted child of the recipient then the appropriate answer would be to circle "C". If the provider is a parent of the recipient then circle "P". If the provider is the spouse of the recipient then circle "S".
- B. Enter Field D5 - BIRTHDATE if the provider is a recipient's child.
- C. Enter Field F8 - SDI BEG DT. This field is required for all elective SDI providers. Enter a "Y" on the SOC 311. The County must enter a "Y" into a one character field on the PELG Screen, to the left of the field where the SDI BEG DT information will be displayed. The date a "Y" is entered will be the date the system will display as the SDI beginning date.

The elective SDI tax will commence with the first provider's warrant after the displayed SDI BEG DT.

The completed IHSS/CMIPS Elective SDI Form SOC 409 must be retained by the County for auditing purposes.

Once a relative provider is covered by elective SDI, he/she can only terminate coverage under the following circumstances:

- A. When the provider, who is covered by elective SDI, terminates providing IHSS services for his/her family member recipient. A temporary stoppage of providing services is permitted as long as it is not permanent - for example a family member is providing services and the recipient goes into a hospital or convalescent home for two weeks and into Leave (L) Status. The recipient returns home and the family member provider resumes providing services. The provider's eligibility for elective SDI would have continued throughout this period.

- B. When a child provider reaches his/her 18th birthdate CMIPS will end elective SDI coverage. If the child provider's employer's payroll was \$750 or more for any quarter during the current or preceding calendar year CMIPS will switch the provider to standard SDI. If the \$750 or more in quarterly employer's payroll was not met the child provider will be dropped from SDI coverage. The provider's 18th birthdate, indicating the end date for elective SDI, will be displayed on the PELG Screen and on the SOC 311 in Field G8 SDI END DT.
- C. A recipient and his/her provider must elect to remain under elective SDI for at least two complete calendar years. The recipient (not the provider) may choose to terminate coverage by filing a request for termination. The recipient should sign and date the request for termination section on his/her original IHSS/CMIPS Elective SDI Form SOC 409. If the original is lost or misplaced the recipient can complete the termination section on a new SOC 409.

After the recipient and his/her family member provider have completed, signed and returned the enrollment form to the County Welfare Department's IHSS unit, the County is responsible for reviewing the form for completeness and signatures. If the form is not completed or signed properly, it must be returned to the recipient for completion. When a completed SOC 409 form is received the County shall then complete a Provider Eligibility Update SOC 311. The only information on the IHSS/CMIPS Elective SDI Form SOC 409 that will be included on the SOC 311 is:

- A. Enter Field G8 - SDI END DT. Enter a "N" on the SOC 311. The County must enter a "N" into a one character field on the PELG Screen, to the left of the field where the SDI END DT information will be displayed. After the "N" is entered into the system CMIPS will display the SDI ending date. CMIPS will calculate the earliest ending date for elective SDI based on the elective SDI participation requirements. January 1st of whatever year it is that would meet the two complete calendar year minimum will be displayed on the PELG Screen.
- B. This termination request should be retained in the recipient's case folder or some other permanent file that is accessible to auditors for documentation.

IHSS/CMIPS ELECTIVE STATE DISABILITY INSURANCE (SDI) FORM

This form is for elective State Disability Insurance Coverage (Unemployment Insurance Code Section 702.5) and is only for family member providers, who receive their paychecks from the State Controller's Office. An eligible family member is the recipient's spouse, parent, or a child (includes adopted but not a stepchild or fosterchild) under the age of 18. This Disability Insurance is not compulsory, and, by electing to be covered, the recipient and his/her family member provider agree to have State Disability Insurance premiums deducted from the family member provider's paychecks. Do not complete this form unless both the recipient/employer and the provider/employee wish to have the provider's services voluntarily covered for Disability Insurance under the provisions of Section 702.5 of the Code.

TO BE COMPLETED AND SIGNED BY THE RECIPIENT/EMPLOYER

RECIPIENT NAME	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
STREET ADDRESS	STATE	() ZIP CODE
CITY		

I, the undersigned, certify that the statements made in this application are true and correct to my best knowledge and belief. I hereby elect and make application to have the exempt family services considered as employment subject to the Unemployment Insurance Code for disability insurance only. **THE ELECTIVE AGREEMENT IS TO BE IN EFFECT FOR AT LEAST TWO COMPLETE CALENDAR YEARS OR UNTIL TERMINATION OF THE PROVIDER SERVICES.** The elective agreement may be terminated by filing a request for termination by January 31 of any year following two complete years of elective coverage.

RECIPIENT/EMPLOYER SIGNATURE

DATE

TO BE COMPLETED AND SIGNED BY THE PROVIDER/FAMILY MEMBER

PROVIDER NAME	SOCIAL SECURITY NUMBER	RECIPIENT CASE NUMBER	COUNTY USE ONLY
STREET ADDRESS	STATE	COMMENTS	
CITY	ZIP CODE		

TELEPHONE NUMBER	RELATIONSHIP TO RECIPIENT (IF CHILD PLEASE CIRCLE)	DATE OF BIRTH
()	NATURAL ADOPTED (STEPCHILD OR FOSTERCHILD NOT ELIGIBLE)	

1. Is the employment intended to be continuing and not intermittent or seasonal in nature? ☐ YES ☐ NO
2. Are you able to perform normal and customary provider services with IHSS? ☐ YES ☐ NO

Deductions for elective SDI will begin with your next warrant.

I elect to be covered by State Disability Insurance and agree to have the contributions for this insurance deducted from my paychecks.

SIGNATURE OF PROVIDER

DATE

Note: If your application is approved, the elective coverage agreement will be subject to all of the requirements and conditions of UI Code Sections 631, 702.5, 704 and 707.

ELIGIBILITY FOR DISABILITY INSURANCE BENEFITS UNDER THE CODE DOES NOT BEGIN WITH THE COMMENCEMENT DATE OF COVERAGE. GENERALLY, A MINIMUM OF 7 MONTHS MUST ELAPSE FROM THE COMMENCEMENT DATE OF COVERAGE BEFORE A VALID CLAIM MAY BE FILED BASED SOLELY ON WAGES REPORTABLE UNDER YOUR ELECTION.

Also note: Domestic services are not subject to Personal Income Tax Withholding, however, if a recipient and provider voluntarily agree, income tax can be withheld.

Wages and Contributions - Section 702.5: Contributions to be paid for 'Family Employment' elective coverage are to be based upon actual wages paid to covered family members for services performed up to a maximum wage limitation for the year for each family member. There is no provision in this section to permit the contributions to be based on other than actual wages paid. The amount of any disability benefits paid will also be determined on the basis of wages paid.

Social Security Number Disclosure: The disclosure of your Social Security Account Number is mandatory under the Federal Tax Reform Act of 1976. The number will be used for identification purposes and will be available only to authorized personnel within the Employment Development Department and other government agencies as permitted in Sections 322 and 1095 of the California Unemployment Insurance Code.

TERMINATION OF ELECTIVE SDI

Only the Recipient/Employer can apply to have elective SDI coverage stopped for his/her provider.

Elective SDI coverage can only be terminated during January after two complete years of elective coverage or upon terminating employment.

I request termination of elective SDI coverage for my provider.

SIGNATURE OF RECIPIENT

DATE

FORMA PARA EL SEGURO OPCIONAL DEL ESTADO CONTRA INCAPACIDAD (SDI) SOBRE IHSS/CMIPS

Esta forma es para cobertura opcional del Seguro del Estado contra Incapacidad (sección 702.5 del Código del Seguro contra Desempleo), y es solamente para proveedores que son miembros de la familia, que reciben sus cheques de pago de la Oficina del Contralor del Estado. Un miembro elegible de la familia es el cónyuge (esposa/esposa) del beneficiario, uno de los padres, o un hijo(a) (incluyendo a los adoptados, pero no a los hijos o a los hijos de crianza temporal) menores de 18 años. Este seguro contra incapacidad no es obligatorio, y al aceptar cobertura, el beneficiario y su proveedor miembro de la familia convienen en que se deduzcan las primas del Seguro del Estado contra incapacidad de los cheques de sueldo del proveedor miembro de la familia. No complete esta forma, a menos que el beneficiario/patrón y el proveedor/emplado deseen que se cubran voluntariamente los servicios del proveedor con el Seguro contra Incapacidad bajo lo estipulado por la sección 702.5 del código.

ESTA SECCION DEBE SER COMPLETADA Y FIRMADA POR EL BENEFICIARIO/PATRÓN

NOMBRE DEL BENEFICIARIO		NÚMERO DEL SEGURO SOCIAL		NÚMERO DE TELÉFONO ()	
DIRECCION	CUIDADO	ESTADO	ZONA POSTAL	ZONA POSTAL	

Yo, el suscrito, certifico que las declaraciones hechas en esta solicitud, son verdaderas y correctas, según mi leal saber y entender. Por medio de la presente elijo y presento solicitud para que los servicios familiares exentos se consideren como empleo sujeto al Código del Seguro contra Desempleo, solamente para fines de seguro contra incapacidad. **EL CONVENIO OPCIONAL TENDRA UNA DURACION DE POR LO MENOS DOS AÑOS COMPLETOS, O HASTA QUE SE TERMINEN LOS SERVICIOS DEL PROVEEDOR.** Se puede terminar el convenio opcional presentando una petición de terminación a más tardar el 31 de enero de cualquier año, después de cumplir dos años completos de cobertura opcional.

FIRMA DEL BENEFICIARIO/PATRÓN _____ FECHA _____

ESTA SECCION DEBE SER COMPLETADA Y FIRMADA POR EL PROVEEDOR/MIEMBRO DE LA FAMILIA

NOMBRE DEL PROVEEDOR		NÚMERO DEL SEGURO SOCIAL		RECIBIENT CASE NUMBER	
DIRECCION	CUIDADO	ESTADO	ZONA POSTAL	COMMENTS	
NÚMERO DE TELÉFONO ()	PARENTESCO CON EL BENEFICIARIO (SI ES HIJO(A) POR FAVOR CIRCULE) BIOLÓGICO ADOPTADO (HASTROCK) O HIJO DE CRIANZA TEMPORAL NO ELEG.)	FECHA DE NACIMIENTO			
1. ¿Existen las intenciones de que el empleo sea continuo y no intermitente o de temporada?			<input type="checkbox"/> SI	<input type="checkbox"/> NO	
2. ¿Puede usted proveer servicios normales y de costumbre con IHSS?			<input type="checkbox"/> SI	<input type="checkbox"/> NO	
Las deducciones sobre el SDI opcional comenzarán con su próximo pago.					
Elijo recibir cobertura del Seguro del Estado contra Incapacidad, y acepto que se deduzcan de mis cheques de salario las primas de este seguro. (SI)					
FIRMA DEL PROVEEDOR _____			FECHA _____		

Nota: Si se aprueba su solicitud, el convenio de cobertura opcional estará sujeto a todos los requisitos y condiciones de las secciones 631, 702.5, 704 y 707 del Código del Seguro contra Desempleo. **LA ELEGIBILIDAD PARA LOS BENEFICIOS DEL SEGURO CONTRA INCAPACIDAD BAJO EL CODIGO, NO COMIENZA EN LA FECHA EN QUE EMPIEZA LA COBERTURA, GENERALMENTE, TIENE QUE TRANSCURRIR UN MÍNIMO DE 7 MESES DESDE LA FECHA DEL COMIENZO DE LA COBERTURA, ANTES QUE SE PUEDA PRESENTAR UN RECLAMO VALIDO, BASADO SOLAMENTE EN SALARIOS REPORTABLES CONFORME A LA ELECCION SUYA.**

También note: Los servicios domésticos no están sujetos al impuesto Retenible sobre Ingresos Personales, sin embargo, si tanto el beneficiario como el proveedor están de acuerdo en la voluntaria, se pueden retener los impuestos sobre los ingresos.

Sueldos y contribuciones - Sección 702.5: Las contribuciones que se pagarán por cobertura opcional por "empleo familiar," se basarán en salarios que realmente se pagaron para miembros de la familia cubiertos por concepto de servicios prestados hasta por un límite máximo de sueldos correspondientes al año para cada miembro de la familia. En esta sección, no hay ninguna provisión que permita que se basen las contribuciones en otros pagos, sino en los salarios que realmente se paguen. La cantidad de cualesquier beneficios de incapacidad que se paguen también se determinará basándose en los salarios que se paguen.

Revelación del Número del Seguro Social: La revelación de su número del seguro social es mandatoria en conformidad con el Acta de Reforma de los Impuestos Federales de 1976. Se usará el número con fines de identificación, y estará a la disposición solamente de personal autorizado del Departamento para el Fomento de Empleos y otras dependencias gubernamentales en la manera en que lo permiten las secciones 322 y 1095 del Código de California del Seguro Contra Desempleo.

TERMINACION DE SDI OPCIONAL

Solamente el beneficiario/patrón puede solicitar que se pare la cobertura opcional de SDI de su proveedor.

Solamente se puede terminar la cobertura opcional de SDI durante enero, después que se completan dos años de cobertura opcional, o que se termine el empleo.

Pido que se termine la cobertura opcional de SDI de mi proveedor.

FIRMA DEL BENEFICIARIO

FECHA

HOW YOUR BENEFIT RATE IS DETERMINED

The weekly and maximum benefit amounts of your claim will be based on the wages paid to you during a certain past 12-month period known as the **BASE PERIOD**. Only wages subject to the disability insurance tax can be used and they must total at least \$300. The base period is **not** the last 12 months before your claim begins. The date on which your claim begins determines what your base period will be and thus the wages which will be used in computing your benefits. **YOU SHOULD CAREFULLY CONSIDER WHEN TO START YOUR CLAIM**. If you wish your claim to begin at a date later than the date your disability begins, contact the nearest Disability Insurance Office before you submit your claim.

The **base period** is divided into four consecutive calendar quarters. The month in which your claim begins determines which four quarters must be used. To determine your base period use the following chart which shows how base periods are determined:

If your claim begins in:		Then Your Base Period is the twelve months ending the last:	
FEB-MAR-APR	September 30	OCT-NOV-DEC	JAN-FEB-MAR
MAY-JUN-JUL	December 31	JAN-FEB-MAR	APR-MAY-JUN
AUG-SEP-OCT	March 31	APR-MAY-JUN	JUL-AUG-SEP
NOV-DEC-JAN	June 30	JUL-AUG-SEP	OCT-NOV-DEC
			JAN-FEB-MAR
			APR-MAY-JUN

For example: A claim beginning in July is based on the four quarters of the previous year. A claim beginning in August uses the last three quarters (nine months) of the previous year plus the first quarter of the year in which the claim begins.

EXCEPTIONS: If you were paid less than \$300 in wages in the base period **and** your claim begins during an Unemployment Insurance Benefit Year, the Unemployment Insurance base period will be substituted.

If you were in the military service, received workers' compensation benefits or did not work because of a trade dispute during your base period, you may be able to substitute wages paid in prior quarters to make your claim valid or increase your benefit amount. If your claim is invalid because of extended unemployment during your base period, you may also be able to substitute wages paid in prior quarters to make your claim valid.

WAGE CONTINUATION

WAGES: If you receive wages from an employer while disabled, benefits and wages added together are limited to your weekly wage (less overtime) immediately prior to disability.

BENEFIT MAXIMUMS

The maximum amount of benefits is 52 times the weekly rate but not more than your total base period wages, **except:**

WHILE RESIDENT IN AN ALCOHOLIC RECOVERY HOME OR A DRUG-FREE RESIDENTIAL FACILITY: While participating in an approved alcoholic recovery program or drug-free residential program on referral or recommendation of a doctor, disability benefits payable for a limited period.

- Disabilities caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

BENEFITS ARE NOT PAYABLE:

1. When you are entitled to temporary disability benefits for workers' compensation, **except** if they are at a lesser weekly rate than your disability insurance, the difference may be paid to you.
2. When you are entitled to unemployment insurance.
3. If you had left the labor market prior to becoming disabled.
4. When legal custody is the cause of unemployment.
5. When confined by court order or certification as a dipsomaniac, drug addict or sexual psychopath.

YOUR RIGHTS

You are entitled to the reason and authority for any determination of eligibility which reduces or denies your benefits.

You may appeal any determination of your eligibility by notifying the Disability Insurance Office that you wish to appeal. You are entitled to a hearing before an administrative law judge and appeals may be carried from the administrative law judge to the Appeals Board and subsequent to that, to the courts.

Information about your claim will be kept confidential except for the purposes allowed by law.

YOUR OBLIGATIONS

You are responsible for filing your claim and other forms promptly and accurately.

Time limits are explained on the applicable form.

If a form is "late" and you believe you have "good cause," you should include an explanation of the reason(s) on or with the form.

If you are not sure how to answer a question or what is required, attach an explanatory note or contact the Disability Insurance Office.

OTHER PROGRAMS

If **INJURED ON THE JOB** or ill as a result of occupation, you should notify your employer.

If **YOU WILL NEED RETRAINING** or other services in order to return to work, you should contact the Department of Rehabilitation (under **California, State of** in the telephone book "white pages").

If **YOUR DISABILITY IS TOTAL** and is expected to continue for a year or more, you should contact the Social Security Administration (listed under **United States Government, Health and Human Services** in the telephone book).

If **YOU ARE ABLE AND AVAILABLE TO WORK** but unemployed, you may be eligible for Unemployment Insurance.

FOR HELP IN FINDING WORK, contact a Job Service office.

Employment Development Department offices, including Unemployment Insurance and Job Service, are listed under **California, State of** in the telephone book "white pages."